

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-979)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.	↓		↓		↓	
TOTAL DER.	↓		↓		↓	
TOTAL CLAIMS	↓		↓		↓	

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	IND.	DER.	IND.	DER.	IND.	DER.
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100						
TOTAL IND.	13		↓		↓	
TOTAL DER.	13		↓		↓	
TOTAL CLAIMS	26		↓		↓	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS